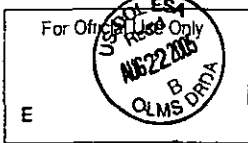


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>12440</u>	2 Fiscal Year Covered From <u>7/7/04</u> Through <u>12/31/04</u>
3 Name and address of person filing Name <u>ANTHONY R. CAIFANO</u> P.O. Box, Bldg. Room No. if any _____ Street <u>35-16 79th STREET</u> City <u>JACKSON HEIGHTS</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11372</u>	4 Name, file number, and address of labor organization Name <u>ALP LOCAL ONE</u> Labor Organization File Number <u>035-319</u> P.O. Box, Building and Room Number if any _____ Street <u>113 UNIVERSITY PLACE</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10003</u>
5 Position in labor organization <u>SECRETARY - TREASURER - ALP LOCAL ONE</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P.O. Box, Bldg. Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ _____ _____ 7 b Amount _____ _____

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Anthony Caifano</u>	On <u>8/15/05</u> <u>212-460-0800</u> Date Telephone Number

Name of Person Filing <u>Anthony R CAIFANO</u>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name ALLIANCE BERNSTEIN
 Trade Name if any _____
 P O Box Bldg Room No if any _____
 Street 767 FIETH AVENUE
 City NEW YORK
 State NEW YORK ZIP Code + 4 10153

9 Business deals with

- ☐ a Labor Organization
☒ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name ALA INDUSTRY PENSION PLAN/SICKNESS & ACCIDENT
 Trade Name if any _____
 P O Box Bldg Room No if any _____
 Street 113 UNIVERSITY PLACE
 City NEW YORK
 State NEW YORK ZIP Code + 4 10003

11 a Nature of such dealing

INVESTMENT MANAGER

11 b Approximate dollar value of such dealing

\$189,787.00

12 a Nature of interest held or income received

INVESTMENT MEETING ACTIVITY
DURING MEETING HELD ON 12/2/04
DURING IFEB MEETING/CONFERENCE
NEW ORLEANS 11/19-12/4/04

12 b Amount

\$60.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name _____
 Trade Name if any _____
 P O Box Bldg Room No if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14 a Nature of payment

13 b Is the Business an Employer _____ or Consultant _____ ?

14 b Amount of payment

Name of Person Filing <u>ANTHONY D CAIFANO</u>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <u>AMALGAMATED BANK</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>11-15 Union Square</u> City <u>NY</u> State <u>NY</u> ZIP Code + 4 <u>10003</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <u>CUSTODIAL Bank / Investment</u> <u>MANAGER SERVICES</u> 11 b Approximate dollar value of such dealing <u>\$ 807.00</u> 12 a Nature of interest held or income received <u>HOLIDAY GIFT - December 2004</u> 12 b Amount <u>\$ 141.91</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment _____
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment _____